Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>08/14/2008</u>	Address:	11662 Deer Creek RD
Case #:	<u>34-34341</u>	•	Tell City, IN
County:	Perry		<u>.</u>
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Operation Chemic Dumpsi	al/Glassware/Equipment (only)	Residence. Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other;
(check all the Check all the	nd: Location (bedroom, kitchen, open ain apply) n/Ammonia Reaction(s): osphorous/Iodine Reaction(s): able Solvents: Bedroom Reactive Metal (Lithium): Bedroom ous Ammonia: Bedroom hloric Acid Gas Generator(s): ve Acid: Bedroom ve Base: tenn and location):	r, etc)	
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agence Fire Department: Tell City		Investigative Information Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:Criminal Investigation cies that serve the location: Fax:	
Health Department: Perry County		Fax:	
Child Protection Service: Perry County		Fax:	-
Cillia From	жиоп оегисе. <u>гелу славку</u>	•	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Robert Gardner Phone 812-482-1441			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.